



KAPITI COLLEGE

Enrolment Application Form 2010

Phone 04 902 5121 Fax 04 902 5126 PO Box 2003, Raumati Beach 5032

OFFICE USE ONLY:

Start Date _____
 Entered KAMAR _____
 Entered ENROL _____
 Enrolment No _____
 House _____
 IT Login _____

- This form must filled in by a parent or guardian and signed (overleaf).
- A copy of the students birth certificate must accompany each application (This is a Ministry of Education requirement)
- Overseas students must have a copy of Visa and Passport or NZ Birth Certificate.

STUDENT DETAILS			
Surname (Legal)		First Name/s (Legal)	
Preferred Name/s		Gender: Male Female (please circle)	
Date of Birth		Current School	
Year Level at Current School		Kapiti College 2010 Yr Level 9 10 11 12 13 (Circle)	
Eldest at Kapiti College Yes/No Siblings/household members at Kapiti College (names)			
ETHNICITY (please tick)	NZ European	Maori	Pacific Island
Other Ethnicity (please specify)		If Maori state Iwi Affiliations	
HOME PHONE		HOME EMAIL	
HOME ADDRESS (WHERE STUDENT LIVES)		POSTAL ADDRESS (if different)	
No. and Street		PO Box	
Suburb		Suburb	
Town/City		Town/City	
Postcode		Postcode	
PARENT/CAREGIVER DETAILS	<u>PARENT/CAREGIVER 1 WHERE STUDENT LIVES</u>		<u>PARENT/CAREGIVER 2 WHERE STUDENT LIVES</u>
	TITLE Mr/Mrs/Miss/Ms (please circle)		TITLE Mr/Mrs/Miss/Ms (please circle)
Full Name			
Relationship: eg. Mother/Father			
Home Phone			
Mobile Phone	Absence Text Y/N		Absence Text Y/N
Email			
Occupation			
Work Phone number			
Work Address			
OTHER PARENT/CAREGIVER	<u>OTHER PARENT/CAREGIVER 1 WHERE STUDENT DOES NOT LIVE</u>		<u>OTHER PARENT/CAREGIVER 4 WHERE STUDENT DOES NOT LIVE</u>
	TITLE Mr/Mrs/Miss/Ms (please circle)		TITLE Mr/Mrs/Miss/Ms (please circle)
Full Name			
Relationship: eg. Mother/Father			
Home Phone			
Mobile Phone			
Email			
Occupation			
Work Phone number			
Work Address			

Information including reports to be provided to this parent: Yes No

EMERGENCY CONTACT DETAILS <i>Will be contacted if we cannot contact Primary Caregiver – <u>must be filled in.</u></i> <i>Must not be a parent/caregiver living at the same address.</i>		
TITLE Mr/Mrs/Miss/Ms (please circle)	Full Name/s	
Relationship to Student eg Aunty		
Home Phone	Mobile	Work Phone
Address		

Type of transport to and from school _____ If train, what station? _____

Health problems/disabilities/allergies: _____

Name of Dr: _____ Name of Dentist _____

If the student has any **other legal guardians** please name: _____

If there are **family, access or custody issues** of which the school should be aware, please note here: _____

If your son/daughter has **special learning difficulties or academic talents** of which the school should be aware, please note here: _____

Sporting and Performing Arts interests(*please be specific eg learnt trumpet 2 years*): _____

For transferring students, please list **subjects taken** and year level: _____

<p>I hereby apply to enrol my son/daughter at Kapiti College.</p> <p>I agree to support the school in ensuring that he/she obeys the rules and regulations as approved by the Board of Trustees. I certify that the information I have provided on this enrolment form is correct.</p> <p>Parent/Caregiver Signature _____</p> <p>Name: _____</p> <p>Date of application: _____</p>
